

UNIVERSITY OF MINNESOTA  
UNIVERSITY MIGRANT PROJECT

# Into the Fields

A Report on Migrant  
and Seasonal  
Farmworkers  
in Minnesota

First Edition  
October 1995

## Who we are

The University of Minnesota-Migrant Project was inspired by similar projects around the country that work with and educate others about migrant farmworkers. In its first year, the U-MP offered an interdisciplinary class "The Migrant Experience in Minnesota" through the Chicano Studies Department as well as an internship program for undergraduate and graduate students with migrant serving agencies. The course was offered during the spring of 1995 to 30 students. Former migrants and a variety of faculty and agency representatives were invited to share their experiences and knowledge about migrants in this state and elsewhere.

The highlight of the course was a visit to campus in early May by migrant worker, labor organizer and artist Maria Elena Lucas, whose biography, *Forjada Bajo el Sol (Forged Under the Sun)* served as a text for the course.



Maria Elena Lucas and colleague in Minneapolis, May 1995.

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**THIS REPORT IS DEDICATED TO MARIA ELENA LUCAS AND OTHER FARM LABOR ORGANIZERS  
WHO THROUGH THEIR DEDICATION AND ARTISTIC VISION INSPIRE US TO ACTION.**

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### University of Minnesota Summer Interns

U-Migrant Project interns in 1994 included: family resource workers, classroom aides and a nurse (with Migrant Head Start and Migrant Education); a Camp Health Aide Program Educator (with Migrant Health); and an HIV/AIDS educator (with Midwest Farmworker Employment and Training). Individually designed projects included a community needs assessment for Migrant Head Start, an evaluation of the Camp Health Aide Program for Migrant Health and the development of a housing resource guide for the Minnesota Housing Partnership.

During the summer, interns participated in twice-monthly meetings to share and critically analyze their internship experiences. A video about the summer program was produced by two students from the spring class.

#### Interns

Tanya Battista —majors: International Relations and Spanish  
Krista Bowe —majors: International Relations and Spanish  
Lupe Castillo-Morales —majors: Chicano Studies and Social Work  
Santiago Davila, MD —School of Public Health, Health Administration and Policy  
Susan Herdina —major: Geography  
Cindy Hynes, RN, —School of Public Health  
Kate Moeller —major: Spanish  
Shannon Pergament —School of Public Health, School of Social Work  
Shannon Rolf —major: International Relations  
Gary Schiff —majors: Women's Studies and Gay and Lesbian Studies  
Amanda Tallen —major: Spanish

#### Video Project Producers and Directors

Emily Graves —majors: Film and Latin American Studies  
Erik Peterson —major: American Indian Studies

### U-MP Co-Coordinators

Lisa Sass-Zaragoza, School of Educational Policy and Administration, is completing her masters in Educational Administration with related work in counseling. She has worked for the Office of Admissions as the Latino Recruiter/Admissions Counselor and was the project coordinator for a statewide research project on the needs and resources of the Latino community in Minnesota.

Mark Sinclair, School of Educational Policy and Administration, is completing his masters in International Development, concentrating on Latin America. He works as an advisor for Community Service Learning in the Office of Special Learning Opportunities.

### University-Migrant Project Advisory Board

Joan Alterbernd —Migrant Health Services  
Wayne Kuklinski —Tri-Valley Opportunity Council, Migrant Head Start  
Robert Lyman —Southern Minnesota Regional Legal Services  
Dario Menanteau —Center for Rural Sociology, U of M  
Chip Peterson —Global Campus, U of M  
Magdalena Sanchez Corbett —La Raza Student Cultural Center, U of M  
Eden Torres —Chicano Studies Department, U of M  
Jean Underwood —College of Agriculture, U of M  
Dennis Valdés —Chicano Studies Dept., U of M  
Jesse Vega —Human Resources, U of M Hospitals

### Credits

Generous support for the U-MP has come from the Office for Special Learning Opportunities in the College of Liberal Arts and Fred Smith, Center for Urban and Regional Affairs. A grant from the Bush Faculty Development Program for Excellency and Diversity in Education provided funding for the development of the course curriculum. U-MP has received additional funding from Student Affairs What's on Wednesdays and Building Bridges Programs.

### *Into the Fields: A Report on Migrant and Seasonal Farmworkers in Minnesota* © 1995 by University-Migrant Project

Co-Editors: Gary Schiff and Shannon Pergament  
Design and Layout: Gary Schiff  
Photos: Jesse Vega  
Original Artwork: Rini Templeton

**About the artist:** Rini Templeton —artist and activist— died in 1986 after more than 20 years of working on behalf of workers' rights and community struggles for self-determination in the United States, Mexico and Central America. Having withheld the copyright to her work in the hopes that her art would be used by activists serving causes she supported, her work appears here in the spirit of her life. For a complete portrait of her life's work, see *Where There Is Life And Struggle: The Art Of Rini Templeton*, Real Comet Press, Washington, 1987 (206/283-7827). In Spanish and English.

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# UNIVERSITY OF MINNESOTA

*Twin Cities Campus*

*University Migrant Project  
Center for Regional and Urban Affairs*

*330 HHH Center  
301-19th Avenue South  
Minneapolis, MN 55455*

*612-625-6389  
Fax: 612-626-0273*

October 24, 1995

Dear Friends,

The sprawling complex of buildings that is home to the University of Minnesota-Twin Cities campus is a far cry from the agricultural fields of rural Minnesota where between 15 and 18,000 migrant seasonal farmworkers labor every year, from May through September, harvesting and processing sugar beets, asparagus, corn, peas and other crops. As the state's land grant institution, the U of M serves as a focal point for research, education and public policy development with regards to the state's important agricultural and agribusiness economy. Unfortunately, the lives and struggles of the state's migrant farmworkers have not been a part of this focus. It is not much different elsewhere throughout this wealthy nation of ours where the nearly 3 million people who harvest much of the food we eat are amongst the most underpaid, exploited and neglected of all workers.

The University-Migrant Project grew out of a desire to develop a respectful and responsible relationship between the U of M, the migrant seasonal farmworkers and the agencies that serve them. Concerned Latino students, faculty and community members and other interested people met on May 5, 1994 to begin planning a course of action. An advisory board including several former migrants and migrant-serving agency representatives formed to help guide the process. A course and internship program were developed. The 1995 summer internship program involved 11 students from the spring class who learned some of the realities of migrants' lives. The interns' dedication, enthusiasm and constructive feedback have inspired us and taught us valuable lessons useful for the project's future. The report in the following pages is a synthesis of observations, research and recommendations by these interns about the conditions and challenges that migrant farmworker communities encounter in their lives in Minnesota.

While we are proud of the project's accomplishments in its first full year, we know that there remains much to do before we can establish the kinds of relationships that lead to a lasting institutional commitment towards migrant farmworkers at the U of M-TC. One positive step is a two-day conference entitled "Issues of Migrant and Seasonal Farmworkers" beginning today. The University-Migrant Project supports this effort and advocates that such a gathering be a springboard for developing longer term projects that provide more opportunities for students, migrants and former migrants to take on leadership roles.

In 1996, The University-Migrant Project aims to:

- Develop new collaborations with U of M programs utilizing their human and technical resources while providing excellent learning opportunities for students. One such collaboration is being planned with the School of Dentistry, another with the School of Public Health's Department of Epidemiology and a third with the College of Human Ecology.
- Increase the involvement of Chicano and Latino students in both the class and internship program, especially given the fact that the vast majority of seasonal agricultural workers in the state are from these cultural backgrounds, especially Mexican or Mexican-American ancestry.
- Develop a stronger foundation of support within the Twin Cities Campus. The Minnesota Extension Service and OSLO plan to expand the project's visibility and impact on campus and in greater Minnesota.
- Strengthen U-MP's relationships with agencies serving migrants to better coordinate their needs with the U's resources and vice versa. In particular, the issues of substandard and/or unavailable low income housing, limited health care access and a lack of bilingual (Spanish/English) and bicultural agency staff will receive our increased attention.
- Assist efforts and expertise that promote community and civic action, be they in the form of legislative proposals, consumer boycotts or educational campaigns that aim to protect migrants' rights and increase their access to resources and systems that *they* determine to be important.

While these goals are ambitious, we have been impressed with the receptivity the project has received from a variety of individuals and organizations, who like ourselves, see that the task of addressing the needs and aspirations of a usually ignored part of our Minnesota and U.S. community should be a much greater priority. Additionally, the mission of the U of M as a land grant institution serving all those who contribute to the well-being of our state, not just those with a certain income level, occupational status, native language or skin color, implores us to be true to these tasks. We invite you to read the 1995 interns' report and give it your critical thoughts and feedback. We also invite you to assist the U-Migrant Project in shaping and moving this agenda forward so that we can effect the necessary changes. As the many farmworkers who have sacrificed enormously to demand and protect their rights have shouted "*Sí, se puede!*" (Yes, it can be done!), so we too hope that this project can do what needs to be done, respectfully and responsibly, for and with migrants.

Sinceramente,

  
Lisa Sass Zaragoza  
Co-Coordinator

  
J. Mark Sinclair  
Co-Coordinator

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# Into the Fields

## Examining the local consequences of federal laws

by Lupe Castillo-Morales  
Shannon Pergament  
and Debrah Durkin

**T**he migrant worker population of Minnesota is an elastic community, in terms of its size, location and description. On average, current estimates show a population of approximately 15,000 migrant workers who come to Minnesota primarily from Texas and Mexico each year to labor in Minnesota's sugar beet, soy bean, and potato fields. The areas of Minnesota in which migrant workers are concentrated include Hennepin, Ramsey, Dakota, Anoka, Washington, Kandiyohi, Clay, Polk, Freeborn and St. Louis counties. Surprisingly, these comprise the major population centers of the state, as well as small farming communities. The families perform low-paying, backbreaking seasonal work in the Red River Valley and the farm lands of southeastern Minnesota. Migrants are also working in canning factories and meat packaging plants located in smaller towns and cities such as Worthington, Moorhead, Marshall, Willmar, Tracy and Blooming Prairie among others (Resource Center of The Americas, 1995). Places of residence as well as total population vary throughout the year, with the first wave of migrants arriving for planting in April and the last group departing after the late harvests of October.

## SOCIAL AND CULTURAL HISTORY

The Immigration Act of 1917 was designed to allow Mexican citizens with work contacts to enter the country, and it exempted them from a literacy test and the eight dollar head tax required of permanent immigrants. This exemption was lobbied by agricultural interests in the Southwest and sugar beet producers throughout the United States. The recruitment of Mexicans

ment of Mexican braceros (contract workers) allowed by the Immigration Act of 1917 halted after the 1920 season due to the post war depression. Recruitment in the mid 1920's far exceeded that after World War I. For the next twenty years the canning of crops on the east coast and in southern California, southern Texas and Florida was carried out primarily by Mexican labor. In 1924 at least six thousand Mexican workers were

recruited from Texas and by 1926 the numbers had more than doubled. In 1927 it was estimated that there were fifteen thousand Mexican workers in the Midwest (D. Valdez, personal communication, March 1995).

The years between World War II and the 1960's marked the contractual period of the 'Braceros.'

The Bracero program was a labor

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Mexican migrant workers were the ideal slave-like labor force—they were abundant, did not have a political voice and could be easily removed with the assistance of the government when no longer needed

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was formalized in the 1918 sugar beet season. Enganchistas (recruiters) were hired and sent to the Mexican border and into Mexico offering dreams of seasonal work, good working conditions and decent pay. Beet companies were successful in convincing the secretary of labor to continue to apply the 1917 exemption after World War I ended. The beet companies were the catalyst of Mexican families migrating to Minnesota. Mexican migrant workers were the ideal slave-like labor force for the beet companies as they were abundant, did not have an established presence or political voice in the region and could be easily removed with the assistance of the government when no longer needed. The recruit-

ment of Mexican braceros (contract workers) allowed by the Immigration Act of 1917 halted after the 1920 season due to the post war depression. Recruitment in the mid 1920's far exceeded that after World War I. For the next twenty years the canning of crops on the east coast and in southern California, southern Texas and Florida was carried out primarily by Mexican labor. In 1924 at least six thousand Mexican workers were recruited from Texas and by 1926 the numbers had more than doubled. In 1927 it was estimated that there were fifteen thousand Mexican workers in the Midwest (D. Valdez, personal communication, March 1995).

The years between World War II and the 1960's marked the contractual period of the 'Braceros.'

The Bracero program was a labor contract between the United States government and Mexico designed to address wartime labor shortages. It allowed tens of thousands of Mexicans to immigrate to perform agricultural labor in the U.S. When the contract expired in 1964 the majority of workers, never having been naturalized, were expected to return to Mexico. Many had lived in the U.S. for up to twenty years however, and remained as undocumented workers. Others were forcibly deported (D. Valdez, personal communication, March 1995). Today the United States continues to depend heavily upon the labor of migrant workers, both with and without documentation. It is important to note, however, that the vast majority (80-90%) of mi-

## THE POWER OF LANGUAGE

BY MARK SINCLAIR AND LISA SASS ZARAGOZA

The term migrant has traditionally referred to people who travel, or migrate seasonally to work in agriculture during the harvest cycles, although recently some also use the same term referring to people working in meat processing plants. Unfortunately, the various interpretations and applications of the term "migrant" by government agencies, scholars and mainstream society cause both confusion and missed opportunities for serving the people that fall under this category. Such factors as distance from home residence, percentage of wages earned through seasonal work and the type of job are considered (or not considered) when defining the term migrant. Migrant Head Start, Migrant Health, Migrant Legal Services and Migrant Education use different eligibility criteria for service delivery.

From a socio-linguistic perspective, the term "migrant" tends to be interpreted commonly as "temporary" therefore implying that

long term strategies are not needed to address the gross inequities existing for this section of the working population. Mainstream U.S. society generally sees migrants as "people passing through" or in transition, ignoring the long history as well as the economic desire for large quantities of cheap, readily mobile labor to harvest much of the nation's crops. In part this reflects what has been referred to as "agricultural exceptionalism." Due to the power and legislative influence of agribusiness, this section of the economy has been exempted from fulfilling many basic obligations to workers to which other parts of the economy have had to adhere.

Without a coherent and inclusive definition, the social and public policy repercussions are numerous. Seasonal agricultural laborers are not only vital to the food industry of the U.S. but as deserving as other workers in the U.S. of protection and support.

**MIGRANTS:**  
People who travel  
to work in  
agriculture during  
the harvest cycles,  
although  
increasingly used  
for people working  
in meat processing  
plants- even if they  
are settled out.



grant agricultural workers in Minnesota are U.S. citizens from Texas.

## DEMOGRAPHICS

Today, many migrant workers travel and find work as multigenerational families. Some agricultural industries however only employ males. As a result, a large concentration of male workers without families congregate in certain communities during parts of the season. Meticulous agricultural tasks (i.e., picking asparagus and tomatoes) that do not require physical strength have contributed to the employment of young children who comprise over forty percent of the migrant labor force. Child labor laws, as well as many laws concerning employment health and safety practices do not apply under most circumstances to the agricultural migrant worker. Where regulations do apply, migrant workers are often uninformed about their rights and are thus easily exploited (Center for Documentation Studies, 1991).

In one study of Midwestern migrant workers, one hundred percent of those surveyed reported earning less than half of the U.S. poverty level wage (Martin, 1988). The Institute for Food and Development Policy, moreover, reports that in 1993 the typical migrant family of four earned \$5,000 per year for twenty-five weeks of farm work, little more than wages fifteen years ago. This figure reflects an inflation corrected drop in wages of \$2.00 per hour since 1980. Contrary to popular opinion, migrant poverty is not due to laziness, but to low wages, seasonal unemployment, and consistent job insecurity. Though most migrants do not earn enough money during the season to last through the year, many refuse to apply for government assistance programs (Cunningham, 1994).

Migrant children tend to fall behind their Minnesota peers in terms of academic achievement, as they change schools frequently when their families move from job to job. As a result, there are high rates of absenteeism and many migrant youth drop out of school in order to contribute to the family's overall earnings. Discrimination, uprootedness and language barriers are believed to be major contributors for the low rates of academic success among migrant youth. One report states that by age twelve many migrant children spend more time in the fields than they do in the classroom. This is reflected in a survey that reported an average completion of 6.8 years of education among migrants (Tomson, 1994).

Children of migrant families who go to school attend public schools or special migrant schools either funded by private and nonprofit organizations (Cunningham, 1994). Tri-Valley Migrant Head Start and Migrant Education pro-

vide migrant programs in some areas of Minnesota and North Dakota.

Migrant farmworkers' need for medical attention is well documented. Federally subsidized migrant health clinics exist, but statistics show that less than fifteen percent of the population is able to access these services.

Although they pay taxes, contribute most of their earnings to the US communities in which they work, and are major contributors to local economies through their labor, migrant workers are undercounted in the US census and unprotected by most state and federal laws. Migrant interaction with public and private institutions reflects their marginal status (D. Valdez, personal communication, March 1995).

Most migrant workers do not earn enough money or have consistent enough employment to afford medical insurance (Center for Documentation Studies, 1991). Although Migrant Health Service provides basic coverage for selected problems in some areas of the state, the coverage is not inclusive. As a result, primary and secondary preventive services are largely unavailable, and emergency rooms are frequently used by seasonal farmworkers for all necessary medical services. Basic services that are available are often not used by undocumented migrants due to a fear that agencies may be connected to the Immigration and Naturalization Service, and that use of them may result in deportation (Center for Documentation Studies, 1991).

A Migrant Legal Service exists in Min-

## Migrant poverty is not due to laziness, but to low wages, seasonal unemployment, and constant job insecurity

nesota, but the service has a small staff and a limited budget dependent on the whims of the state legislature. Legislative funding is consistently threatened by the powerful agribusiness lobby. To compound the problem, institutionalized discrimination, especially in greater Minnesota, causes migrants to fear any involvement with the legal system. Many migrants live with the threat of lost employment or physical harm if they complain about poor living conditions, unsafe working conditions, low wages, or other abuse and exploitation. This fear is a barrier to agency interaction with the migrant community and must be dealt with by any group that attempts to intervene (P. Rode, personal communication, May 1995).

### AGRICULTURAL WORKER:

An agricultural worker can have a history of deriving primary income from primary or secondary (e.g., canning) agriculture. An agricultural worker's sole option for subsistence can be dependent on harvest cycles. An agricultural worker can have a transitory residence while working.

### SETTLED OUT WORKER:

A person who used to be in the migratory stream and has established a permanent residency in or near the community where they work.

### SEASONAL WORKER:

A person working the harvest cycles. Can be migratory or permanent resident of a community. Can have a history of deriving primary income from primary or secondary agriculture.

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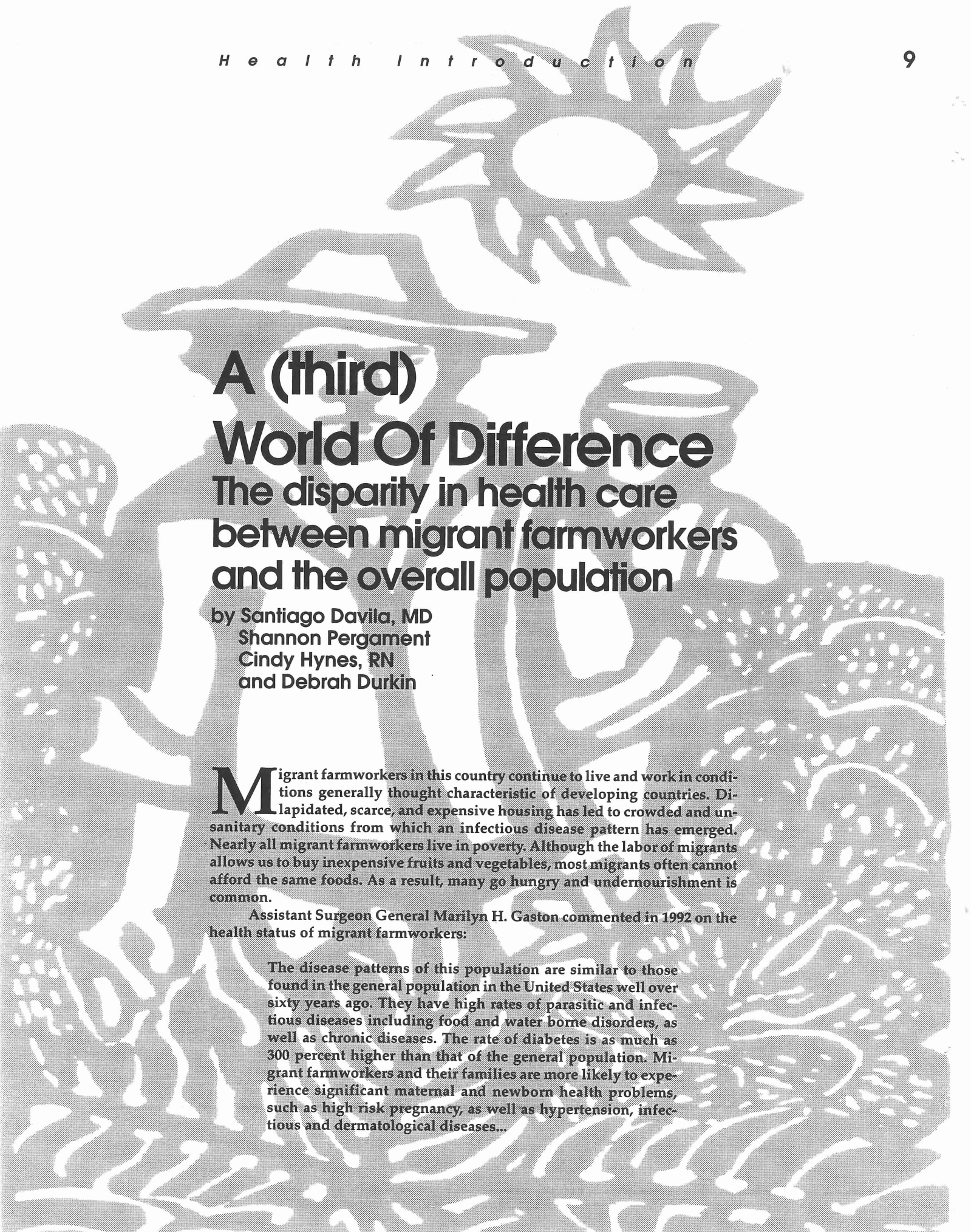
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# A (third) World Of Difference

## The disparity in health care between migrant farmworkers and the overall population

by Santiago Davila, MD  
Shannon Pergament  
Cindy Hynes, RN  
and Debrah Durkin

**M**igrant farmworkers in this country continue to live and work in conditions generally thought characteristic of developing countries. Dilapidated, scarce, and expensive housing has led to crowded and unsanitary conditions from which an infectious disease pattern has emerged. Nearly all migrant farmworkers live in poverty. Although the labor of migrants allows us to buy inexpensive fruits and vegetables, most migrants often cannot afford the same foods. As a result, many go hungry and undernourishment is common.

Assistant Surgeon General Marilyn H. Gaston commented in 1992 on the health status of migrant farmworkers:

The disease patterns of this population are similar to those found in the general population in the United States well over sixty years ago. They have high rates of parasitic and infectious diseases including food and water borne disorders, as well as chronic diseases. The rate of diabetes is as much as 300 percent higher than that of the general population. Migrant farmworkers and their families are more likely to experience significant maternal and newborn health problems, such as high risk pregnancy, as well as hypertension, infectious and dermatological diseases...

## 49 YEARS TO LIFE

A 1991 study found that of the three to four million migrant farm workers in the U.S., only 13% receive regular health care (Center for Documentation Studies). The average life expectancy of 49 years remained constant for migrants from 1960 to 1994. This is compared to national averages of 70 and 75 years in 1960 and 1994 respectively (Cunningham, 1994). The disparity in

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*The disparity in health and well being between migrant farmworkers and the overall population extends from the cradle to the grave.*

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health and well-being extends from the cradle to the grave. According to figures from a migrant action group, infant mortality rates are considerably higher among migrants, and migrant children are particularly vulnerable to malnutrition, dental problems, low birth-weights, and developmental abnormalities (Student Action with Farmworkers, 1994).

The most commonly reported medical problems noted during emergency room and other clinic visits for all age groups among Midwestern migrants are upper respiratory infections, diabetes, high blood pressure, back injuries, neck and back pain, dental problems, and hearing loss. Health workers point to malnutrition and poor nutrition as major contributing factors to several of these problems. Undetected disease also contributes to the problem. A 1993 migrant health survey of 310 adults revealed that 44% had a positive tuberculin skin test and 5% tested positive for HIV antibodies. Of the first group, only 47% could be located for follow-up testing (Center for Documentation Studies).

Along with less severe medical problems, the migrant population suffers from abnormally high rates of cancer (1200% higher, in one study of California migrants, than in the overall population) which are attributed, among other causes, to pesticide exposure. A 1990 study of migrant children found that more than 40% had been sprayed at least once while working in the fields. The handling of sprayed produce also contributes to the problem. Among the documented effects of pesticide exposure are stomach ailments, headaches, rashes, burns, nervous system damage, and high rates of birth defects. Many workers suffering from pesticide-related conditions spend part of the year in Minnesota (Cunningham, 1994).

In the fields in Minnesota, migrants work under strenuous conditions at low pay. In addition,

there are serious health risks due to injuries and toxic pesticide exposure. In the processing plants and factories, moreover, wages are low and the primary health risk for migrants is injury, with some Minnesota plants having employee injury rates approaching 200% (Resource Center of the Americas, 1995). Other health risks to Minnesota migrants are due to the overcrowded and substandard housing conditions caused by housing shortages in small rural communities. Lead paint flaking off of walls, cold drafts in the winter, leaky plumbing and fire hazards are some of the contributors to poor health and high risk related to housing conditions.

## WISCONSIN: ONE STATE'S EXPERIENCE

Little research has been conducted about the barriers to migrants' use of health care. Federally-subsidized migrant health clinics exist, but statistics show less than 15% of all migrants are able to access health services. More than half of the workers who received health care services, moreover, did so through federally funded migrant health clinics, while one-fifth received care from a private doctor and one-seventh were seen at other clinics.

Access to clinical services has historically been denied to migrant workers for a variety of reasons ranging from cost barriers to racial discrimination. A Wisconsin survey documented that only 55% of migrant workers received any clinical services in the previous twelve months (compared to 75% of the U.S. population). Of migrants who received clinical care, approximately one-third did so in Wisconsin, while one-third received care in Texas and 15% received care in Mexico (Slesinger and Richards, 1981).

The primary factors influencing utilization of services in the Wisconsin study were physical proximity to the migrant health clinics, the clinic's bilingual outreach efforts, and its reduced fee scale. English-language proficiency proved to be another influencing factor, with people who spoke some English using medical services more frequently than monolingual Spanish speakers. Also, the unavailability of folk therapies in migrant camps increased the chances that individuals would seek health care outside of the migrant community (Slesinger and Richards, 1981).

## BARRIERS TO ACCESS

In her article on the health of migrant farmworkers in the United States, Slesinger (1992) explains why health care delivery poses obstacles for migrants. Poverty, unhealthy envi-

STUDIES OF MIGRANT  
POPULATIONS HAVE SHOWN:  
life expectancy is  
49 years  
44% have been  
exposed to tuberculosis  
15% have access to  
health care  
40% have been  
sprayed in the fields  
5% are HIV+

ronments, poor nutrition, and occupational hazards are the most visible causes of poor health. Less visible causes include mobility, and discrimination in addition to political and economic powerlessness. If viewed as a pyramid of causality, powerlessness would be at the top as migrants are extremely poor and mobile, and thus not able to affect change through political participation.

More specifically, because many migrants do not speak English as their primary language, it is difficult to know when medical attention is needed, or how to apply for social services. Migrant farmworkers frequently lack transportation and cannot get from the job site to a clinic. Their physical and linguistic isolation may leave them unaware that needed services are even available. Conventional business hours are also prohibitive to migrant farmworkers who need health care. Many cannot afford to lose a day's wages in order to come to a clinic or office during traditional business hours, and so forego care. Thus hospital emergency rooms are the most accessible as well as the most expensive, health care facility for this population. Services are often divided between agencies or institutions, further compounding the difficulties that migrant farmworkers and their families experience with time, transportation, and translation when they seek care.

To improve access to care for migrant farmworkers and their families it is important to consider the role of community and migrant centers dedicated to providing health care services. Nationally, these centers provide a broad range of quality primary care and preventive services. Offering these services in low income, medically isolated areas, and tailoring care to the needs of the target population, is important in improving access to care for the medically underserved.

## Costs

Usually, the only health care options for migrants are community centers or health clinics set up specifically for migrant workers, which charge on a sliding scale. Unfortunately, migrants often are not located near a migrant health clinic. Some use emergency rooms for urgent care and at times, for not-so-urgent care.

Sometimes, a rare employer assumes responsibility for his workers' medical care. Workers who are more likely to have health insurance provided in connection with their employment include those who work for national corporations or smaller growers who believe that providing health benefits improves the likelihood of employing healthy workers.

Eligibility for Medicaid varies by state. All

public assistance programs require a means test, usually asking the applicant to report the amount of money earned during the past year or month. A number of migrant families earn sufficient money to put them above the poverty line. Once families who qualify for Medicaid have begun to work, it is likely they will earn more than the minimum allowed for them to continue with the program. Further complicating matters, migrants must apply for Medicaid in each state where they wish to receive services. This means that they may have to apply several times as they travel across the country. The application process is a burdensome one, with the multi-page forms almost always in English. When migrants become seriously ill and require hospitalization, the bills are usually paid for by churches, social service organizations, or emergency county funds.

Although preventive services have numerous financial and health benefits, they do not replace the need for change and the enforcement of policies. As long as an environment of racism, poverty, ill-health and discrimination continue, the message that such an environment is acceptable is reinforced.

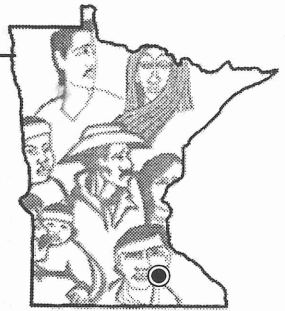
Resolving problems of underserved populations depends on solutions such as better medical care, better environmental conditions and an end to discrimination. Resolution also lies in solutions to seminal causes by encouraging people to study and become part of the agencies that address their concerns. In this way people can gain enough economic and political power to have better life conditions and health status. Migrant agricultural workers are an underserved population who need to be a part of the solution and not always considered the problem.

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*It is clear that migrant workers suffer heavily from illnesses and injuries related to the work they do.*

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# Camp Health Aides Involving Migrants in Preventive Health Education

by Kate Moeller

**A**ccess to preventive health care for seasonal agricultural workers in Steele and Dodge counties in Minnesota is limited for several reasons common to agricultural workers throughout the country. The isolated camps and communities where most migrants live are at least 20 minutes by car from any clinic. Many agricultural workers in Dodge and Steele counties come to Minnesota without vehicles of their own and are dependent on others for transportation. A car ride to Blooming Prairie or Owatonna from a camp 20 minutes away usually costs two dollars per person. As the transportation fees accumulate, non-urgent errands, such as preventive health care visits, are left undone.

Another barrier to prevention is a lack of information about available local health care resources. Newly arrived migrant agricultural workers in Dodge and Steele counties are typically registered by the Migrant Clinic within a week of arrival. Although the Migrant Health Clinic can fulfill or refer many health care needs, special services (such as free HIV testing or the WIC program) often go unused when agencies neglect to inform the migrant community of their availability and importance.

Although federal grant monies require that Migrant Health Clinics have evening hours that accommodate the work schedules of seasonal laborers, rigorous 12 hour shifts in the fields or the canning factory often leave camp residents too tired or busy with household chores to spend another two hours of their free time in the migrant clinic for anything other than urgent care. The low attendance of weekly night clinics held in Blooming Prairie is a case in point. When nurses made weekly rounds directly in the camps, their contact with migrants was much higher. Clearly, having health care workers in the camps dramatically improves farmworker access to health services and improves overall health.

Barriers to telephone access in the camps further exaggerate the difficulties of health prevention. In Dodge and Steele county

camps, most residents depend on public pay telephones or use the crew leader's telephone to make calls. Using either type of telephone inhibits privacy in a community where workers hide illnesses for fear of losing work. In two of the three camps, telephone calls to the Migrant Clinic are long distance and collect calls are not accepted without prior central office approval. As a consequence, simple preventive health questions often go unasked.

## PROGRAM OVERVIEW

Originally piloted in 1985 by the Michigan Migrant Health Information Office (MMHIO) for Michigan camps, the Camp Health Aide (CHA) program trains aides in recognizing the symptoms for common illnesses, first aid, how to make local referrals and how to stay healthy. The employment of two or three camp health aides in each camp helps accomplish CHA's goals, which state "everyone has a right to health care. Everyone has a responsibility to take care of themselves. Everyone has a right to make informed decisions." This program alleviates many migrant worker health problems through preventive health care.

Camp Health Aides are trained to recognize serious health problems that demand professional attention. While serving as translators, they provide preventive health information to their community. In general, Camp Health Aides are highly accessible to community members in that they both work and live together.

## TRAINING METHODS

The Blooming Prairie Camp Health Aid program selected participants based on applicants' prior community participation. Fliers advertising the program were hung in camp laundry rooms and on pay phones, and program coordinators went door to door explaining the program. Stopping at each house also made it possible to find participants and encourage camp

### REGIONAL FACTS

#### EMPLOYMENT:

The Owatonna Canning Company employs the majority of the migrant workers near Owatonna, with approximately 500 migrant workers in its fields and factory. Workers are hired as sub-contractors through intermediary crew leaders who live in and oversee the camps.

#### HOUSING:

The workers live in three isolated camps 15 minutes outside Owatonna, Blooming Prairie and Fairmount. Each two-room, barracks-style camp building houses eight or more migrant family members.

*Kate Moeller worked primarily with migrants living in Southeastern Minnesota, near Owatonna. As co-coordinator of the Camp Health Aide Program offered by Migrant Health Services, Moeller helped train a few migrants in each camp to become lay health aides in order to assist other camp residents with health care problems.*



community. By late June, a total of ten aides had been selected. Three women, ages 16-21, worked in Carroll Camp, two 18 year old women worked in King Camp and two women and a man, ages 20-55, worked in Grass Camp. Two women, 20 and 35 years old, were also chosen from the trailer court that surrounds the Migrant Health Clinic. Because they are settled out migrants, members of the trailer court community did not have access to the services at the Migrant Health

by Migrant Health, encourages the employment of bilingual CHAs. Often, this stems the participation of older camp residents, who might only speak Spanish. As a result, most of the CHAs are between 17 and 25 years old and have good literacy skills, but have not earned the levels of respect given to older women in the community. An ideal program would have both old and young participants and a smaller percentage of crew leader family members, for the purpose of empowering all camp residents.

Although public libraries, the University of Minnesota Extension Services, and Migrant Health loaned many wonderful teaching materials to the Camp Health Aide program, most of them were only available for a limited time. When Camp Health Aides would ask to

borrow a book or a video, they could not borrow the materials for more than a couple of days. Because some materials were expensive, CHAs could not borrow them at all. In continuing this program, then, a Camp Health Aide lending library will be important for ensuring that Camp Health Aides have the resources available for educating themselves on health-related topics.

## RESULTS AND EVALUATION

When a Camp Health Aide presented the information to camp residents in Spanish, preventive health care education reached more people for three reasons: comfort level, trust and accessibility. People from the camps became actively involved when the discussions were in Spanish. Teaching about preventive health was not the only motive behind the CHA presentations. The presentation also served to establish the CHA as a dependable and available resource in the eyes of the camp residents. It became evident, however, that without support from health professionals the community's confidence in the CHAs and their establishment as experts within the camp can easily be undermined. In one case, a first year CHA gave a presentation for which she had a great deal of prior training. A health professional from Minneapolis, observing the presentation, realized the aide had not communicated a piece of crucial information. Instead of asking the CHA a leading question, the health professional cut into the discussion and presented the information herself. After she had spoken for ten minutes, the camp residents began directing their questions to the health professional, ignoring the CHA completely.

An incident like this may undermine several of the objectives central to the CHA program. One goal of the presentations is for the

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*Everyone has a right to health care. Everyone has a responsibility to take care of themselves. Everyone has a right to make informed decisions.*

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—CHA MISSION STATEMENT

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Clinic, even though they worked as seasonal agricultural laborers.

From the last week of June through the middle of August, either the program coordinator or a guest speaker representing a nearby agency taught two classes per week. Topics included referral forms, nutrition, sexual health and pregnancy, first aid and mouth-to-mouth resuscitation, domestic violence, and occupational safety. Each CHA took home two guidebooks for consistent future reference.

By early July, program coordinators began conducting presentations in the camps covering topics like diabetes, high blood pressure, nutrition, dental care, first aid, domestic violence, and HIV/AIDS. By the middle of August, thirteen CHA presentations had been conducted in the camps, reaching more than seventy camp residents.

## DIVERSITY IS KEY FOR SUCCESS

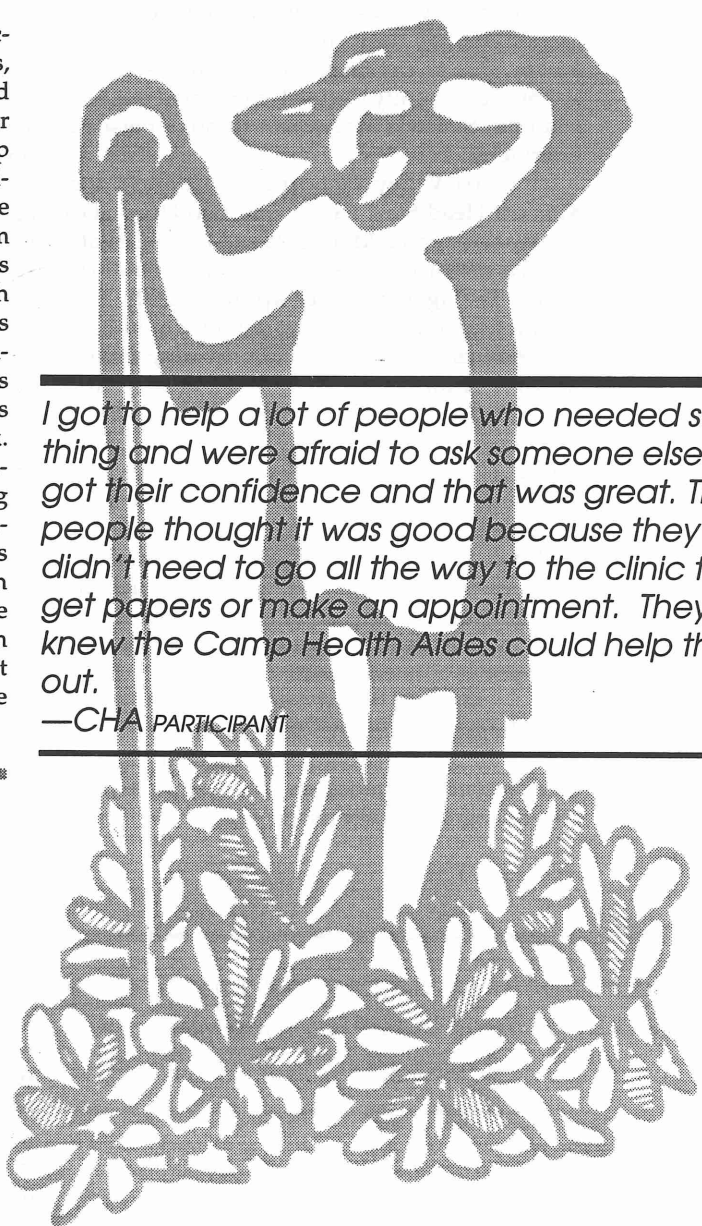
Although these measures improve accessibility, lack of trust and privacy problems can arise in the Camp Health Aide Program, especially when CHAs are immediate members of a crew leader's family. This year, four out of ten CHAs were immediate family members of crew leaders. While the classes stress keeping all personal information confidential, the power structure of the camp inhibits migrants from talking openly about subjects like domestic violence, STDs or scabies with someone who might divulge information that could affect their work status.

Two ways of transforming the power structure of the Camp Health Aide program are to encourage participation by women not related to crew leader families and to change the bilingual requirement. The program, as administered

CHAs to build confidence as health educators. Second, the program strives to eliminate aspects of dependence on far away clinics and doctors by bringing the information experts (i.e., CHAs) directly into the camps. When the health care professional interrupted the presentation, she conveyed the message that the CHA was not very knowledgeable about the subject and that a health care professional was still necessary to answer the "important" questions.

In contrast, presentations that allowed that CHAs to demonstrate their knowledge proved much more productive because the CHAs were able to refer people from their community directly to special agencies, offer their service as interpreters or first aid givers and become known as leaders and resource people in their communities.

The Camp Health Aides proved effective as contact people and information givers, working as links between outside agencies and their communities. The nutritionist from Mower County Extension Service relied on the Camp Health Aides to advertise, organize and participate in the camp's annual educational event, the "fat and salt bingo." The measles research team from Mayo Clinic worked closely with the CHAs to disseminate information about their research in the Latino community and to find participants for their study. The Alliance for Building Community, moreover, called on the CHAs to pass out informational flyers and answer questions during a meningitis breakout in the trailer park. Without the Camp Health Aides, outside agencies would have had greater difficulty gaining entry into the camps. In a letter of commendation, the research team from Mayo Clinic writes of the Camp Health Aides, "for our study on measles immunity in the Dodge and Steele County migrant population, the camp health aides were crucial in establishing trust. Without them, our study would have been much more difficult, if not impossible."

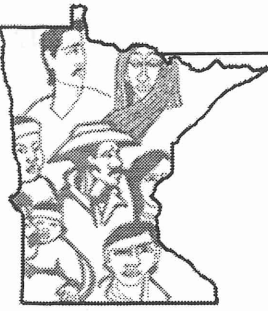


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*I got to help a lot of people who needed something and were afraid to ask someone else. I got their confidence and that was great. The people thought it was good because they didn't need to go all the way to the clinic to get papers or make an appointment. They knew the Camp Health Aides could help them out.*

—CHA PARTICIPANT

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# Health Care Delivery

## Preliminary Results from a Community Needs Assessment

by Shannon Pergament

**T**he Tri-Valley Opportunity Council's Migrant Head Start conducts a community-wide assessment every three years to evaluate the efficacy of the program. Previously, this assessment had been conducted through a mail survey. Due to low response rates, however, Tri-Valley Opportunity Council, conducted the 1995 community needs assessment through personal interviews.

Tri-Valley Opportunity Council, Inc. Migrant Head Start has twenty-two Head Start centers throughout Minnesota and North Dakota, and has recently opened two centers in Southern Texas. The agency serves approximately 2300 migrant families during the summer months in the Midwest, with the goal of providing follow-up services for families that return to Texas during the rest of the year. For the community needs assessment, approximately twenty percent of Migrant Head Start families were interviewed to assess issues of education, housing, public assistance, community interaction, migration, work, health and nutrition. Local growers and factory employers, agencies serving migrant populations, and local mainstream community representatives were also surveyed to assess broader community perceptions about migrants.

Migrant Head Start used a random probability sampling of 460 families currently served by Migrant Head Start. The survey tool and consent form were administered in the preferred language of the participant.

### PRELIMINARY RESULTS

The following are preliminary results of the health care component of the community-wide needs assessment, taken from a random sub-sample of forty families. Reflected in the data is the relationship between acculturation to United States mainstream society and health care access. For the purposes of this study, acculturation levels were ascertained through the subject's perceived English language ability. In general, it appears that there are gaps in health care services for migrants in Minnesota regarding language accessibility, health education and preventive health care, cost barriers and other structural barriers.

Regarding acculturation as it affects access to health care, of the forty families interviewed, forty-two percent reported that they only feel comfortable communicating with health care providers if a translator is present. In addition, fifty-two percent of the sub-sample stated that they would be more likely to use a local health care provider if a translator were provided for them.

Structural barriers also affect levels of access and utilization. Twenty-five percent of the families interviewed reported that there is not a local clinic open during hours convenient for them. Moreover, one-fourth of the families stated that if they need to go to the doctor, there is no one who can take care of their children. When heads of households were asked if on one or more occasion they or a family member ever needed to see a doctor while in Minnesota, but could not due to health care costs, twenty-five percent answered 'yes.' Meanwhile, more than one in ten families said that they have not sought health care on occasion due to lack of transportation. An equal number cited being affronted with racism in local health care settings as a reason for not pursuing care, while roughly fourteen percent responded that they were not able to receive care because no language interpreter was present. Additional reasons cited for inability to pursue needed care were not having per-

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*One-fourth of the families stated that if they need to go to the doctor, there is no one who can take care of their children.*

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*Shannon Pergament worked as a Community Wide Needs Assessment Assistant for Tri-Valley Opportunity Council, Inc's survey of Migrant Head Start families. The results of the health component of the needs assessment will form the basis of her master's project for the School of Public Health, Community Health Education program at the University of Minnesota.*

mission to leave the work-site (9%) and that the health care provider did not accept Medical Assistance (12%).

Regarding preventive health care, forty percent of those interviewed reported having had a routine physical exam, while only forty-six percent of female heads of households (n=37) said they have had a routine gynecological exam. In addition, a mere thirty-seven percent of participants reported having received a routine eye exam. It is noteworthy that when participants were asked if they knew where to go for the above preventive services, sixty-eight percent said 'yes' regarding routine physical exams, seventy-one percent of the women said 'yes' regarding gynecological exams and sixty-seven percent said 'yes' regarding routine eye exams. It is difficult to say, at this point, whether the discrepancy in knowledge of services and utilization of services is due to structural barriers to accessing those services, to inadequate dissemination of information about the importance of this type of care, or to cultural norms regarding preventive care.

The final area of health care access and utilization explored with the sub-sample was dental care. Of the families interviewed, approximately fifty-two percent reported that their families receive regular dental care. Thirty-six percent of the families who do not receive regular dental care stated that they can not afford to pay for this type of care. Twenty percent of participants, moreover, reported that they are not able to receive dental care because providers do not accept Medical Assistance. Along with the above structural barriers, the data reflect the need for education regarding the importance of dental care, as thirty-two percent of those interviewed stated that they do not receive regular care because they do not feel it is a priority.

Although the preliminary subsample is small, the data reflect trends that might very well be seen in the final data. The results are also consistent with other national health care access data for migrants on structural barriers to care and on utilization of preventive care (Roberts & Lee, 1980; Slesinger & Richards, 1981). It is, however, difficult to make recommendations from the results of this preliminary data. When the final data are compiled a more extensive report will be made.

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*More than one in ten families said they have not sought health care on occasion due to lack of transportation. An equal number cited being affronted with racism in local health care settings as a reason for not pursuing care, while roughly fourteen percent said they were not able to receive care because no language interpreter was present.*

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Another reason for the social distance between staff was that the Latino staff, all holding several years of experience, were faced each year with an all-new, all-white staff of non-Spanish-speaking teachers. The Anglo teachers seemed unable to recognize the reason for the resentful attitudes sometimes displayed by their coworkers.

Finally, we recognized that significant barriers to using Migrant Head Start services exist for families who want to enroll their children. Not only must many parents travel a great distance to their job sites and the school, but for many parents, the Head Start program does not run late enough into the afternoon to accommodate work schedules. Also, because the work season for many parents is longer than the duration of the Head Start program, finding adequate child care when the program is over is difficult. Formal education is often lower on the list of priorities when some migrant children need to work to ensure their families' survival.

### RECOMMENDATIONS

In order to make Migrant Head Start services more effective for migrant families, the following recommendations are suggested.

1. Improve coordination among existing social services in each community.
2. Accommodate the needs of migrant families by extending the school season to coincide with the duration of the migrant work season. Hire more staff to work in the evening while parents work.
3. Encourage and support Head Start staff to meet the needs of migrant families through cultural competency training and language skills for non-Spanish speakers. Pay overtime so staff can hold meetings with parents at a location and time sensitive to the rigorous demands of factory and farm work.

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*Instead of a permanent Migrant Health clinic, the agency's mobile clinic serves families. The mobile clinic, however, rarely comes to Glencoe. As a result, families who don't qualify for Medicaid wait in very long lines for service.*

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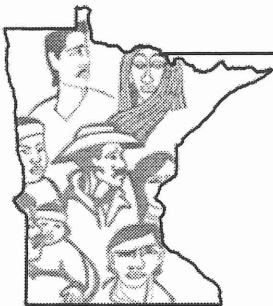
a copy of the passports and papers of each family member as proof they were in the country legally. He also asked to see drivers' licenses and paycheck stubs to prove she was working. Gloria said she had photocopied the passports of her children, yet they still were refused housing.

Gloria and her family were eventually able to find another family willing to share their house with them. This arrangement lasted for one month, after which they had to resume looking. The location they ultimately found had no drinking water

and no hot water. Not surprisingly, the couple found it difficult to keep the children clean, especially the four month old baby.

In addition to the challenges of finding housing, the family went to the area food shelf for emergency assistance. Here they learned they had to have been living in the area for one year to qualify.

*Shannon Rolf worked as a Family Service Worker for Migrant Head Start in Glencoe, serving approximately forty migrant families with children between the ages of six weeks and five years. She was responsible for ensuring that families received the services they needed in the surrounding community.*



THE MINNESOTA HOUSING PARTNERSHIP advocates for low-income and affordable housing. In the last year, they have worked on migrant housing initiatives in Crookston and Willmar.

Located in Minneapolis, they assist developers of public housing, through loans, grants and technical assistance.

# Housing Minnesota's Migrants An Overview of Existing Services, Problems and Needs for the Future

by Lupe Castillo-Morales

According to the Report of the Migrant Farmworker Housing Task Force, prepared by the Minnesota Housing Finance Agency (MHFA) and the Department of Human Services in June of 1990, approximately 12,000 to 15,100 migrant farmworkers come to work in Minnesota's agricultural fields each year. Upon arrival, emergency housing is imperative for both families and individuals.

The demand for emergency shelter has become both a great cost and a great concern in some areas of the state. Currently there are not enough motels and hotels, the primary source of emergency housing from social service agencies, to house the migrant labor force. Emergency shelters, moreover, are not appropriate for housing large families. Due to a housing shortage in Crookston in 1989, it was proposed that a large tent be put in the parking lot of the Care and Share for migrants to sleep under (McComb Research, 1989).

Rental housing is virtually nonexistent in most towns with many families subjected to overcrowding in substandard housing. In these situations, fire hazards and environmental toxins such as lead paint are prevalent. Meanwhile, many families are forced to sleep outside in their cars.

The competition for housing encourages landlords to raise rents in apartments, houses and mobile homes. In Marshall, for ex-

ample, rents went up fifty percent in 1995 (Maryhew, 1995). When rental property is found, it is usually deteriorating due to absentee landlords. Programs offering assistance have depleted all housing options available in many communities. One example comes from a Minnesota Housing Market Study prepared for the Crookston Development Authority (McComb Group). Almost half of the survey respondents reported that "the most obvious problem in Crookston is the lack of migrant or seasonal housing." Since 1917, all the housing programs in Minnesota have produced only one migrant farm labor housing unit (there is a future site planned in Crookston).

The lack of housing was evident from the responses of one-hundred and twenty migrants to questions asked them in a 1992 survey. Results show that eighty percent of respondents reported having difficulty finding suitable housing in Minnesota, with forty-four percent sharing housing with another migrant family. Sixty-six percent said they had not signed a rental agreement and only seventeen percent reported that their employers had provided housing to them (Meta Dynamics, Inc. 1992).

## TYPES OF HOUSING PROGRAMS

Housing programs are typically delivered through the following independent agencies:

- Private lending institutions
- Local governments
- Local housing and redevelopment authorities
- Nonprofit development and service entities
- For-profit development entities
- Community action agencies
- Various combinations of public, for-profit and nonprofit organizations

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*During a 1989 housing shortage in Crookston, it was proposed that a large tent be put in a parking lot for migrants to sleep under*

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*Lupe Castillo-Morales' internship was at the Minnesota Housing Partnership. The focus of her work was to find a starting point for assessing the housing issues that migrant agricultural workers face in Minnesota.*

## CHALLENGES OF MIGRANT HOUSING

- Short term housing is often unavailable.
- Landlords are generally not willing to sign either short-term, month-to-month, or flexible leases in the areas of the state where migrant labor is most extensive.
- Short-term housing is often overcrowded and poses fire hazards. Health risks come from lead paint and other toxins.
- Short-term housing is often unavailable to migrants because of requirements for high damage deposits and prepayment of the first months rent.
- Emergency shelter is inappropriate for migrant families due to a lack of multi-bedroom units.
- Housing units in Minnesota are built with long term occupancy in mind (as pipes freeze when unoccupied in winter).
- Migrant families are unable to perform housing searches before reaching their next work site.
- Cities are historically unwilling to rezone property with the intention of developing migrant housing units.
- There is a lack of information available to growers and residents about the loans and grants for building migrant housing.

## CURRENT HOUSING OPTIONS

Housing programs in Minnesota are authorized by the Minnesota State Legislature and are centralized in the MHFA. The state relies on units of local government to administer a number of affordable and supportive housing programs to identify housing needs at the local level, and to encourage the development of affordable housing (MHFA, 1994)

The following are the three housing options currently available to Minnesota migrants:

### • Brooten Farm Labor Housing Project

Located in Brooten Minnesota, funding for this project was established by the Rural Economic and Community Development Agency (formally Farmers Home Administration). Occupants qualify through deriving their primary income from working in farm labor (Bill Silinger, personal communication, 1995). This does not include income derived from working in processing plants and canneries. The project has been in existence for over 10 years and is available to each family for up to six months. Each of the 40 units has 3 bedrooms, and occupancy is usually from April to November. The buildings are closed throughout the rest of the year. The cost of building the project was approximately \$1,200,200. They are presently filled to capacity.

### • Migrant Farm Labor Housing

Located in Crookston, Minnesota, Tri-Valley Opportunity Council, Inc. has taken the initiative on this housing project, which is not yet completed. To qualify, occupants must not have permanent residence in Minnesota, must be traveling to this area to do farm labor and have plans to return to their state of permanent residence for a reasonable period of time. They must also

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*Landlords are generally not willing to sign either short-term, month-to-month, or flexible leases in the areas of the state where migrant labor is most extensive*

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be working in the area of farm labor (Jan Delage, personal communication, July 11, 1995). Once built, there will be 10 duplexes, two 5 bedroom units (BR), two 4 BR, eight 3 BR, and eight 2 BR. Each unit will range in size from 832 square feet to 1326 square feet, and contain a living room—dining room area, a kitchen and a full bathroom. Any migrant family seeking to occupy the housing must have proof of employment.

### • Mobile Homes

In some cases, employers will house migrant families in mobile homes. Mobile home parks are also utilized for cheap housing for migrant and seasonal workers.

In general, according to Gooderman (1994), the workers are being housed in the least desirable housing available within the community. This is partially a function of income and partially a function of being the only housing currently available. In many cases, this is manufactured housing. Unfortunately, most of the jobs are low paying and are inadequate to support new housing development without a significant subsidy. Most starting rates are between \$4.50 to \$7.00 an hour. Wages at that level equate to rents between \$185.00 and \$310.00. This is less than what is necessary to afford the rents associated with newly constructed rental units.

Even with mobile home parks being the most accessible housing for migrant and seasonal agricultural workers, the rate of closures of mobile home parks is catastrophic for the numbers of migrant and seasonal workers and their families it displaces.

## RECOMMENDATIONS

- Utilization of a community development bank program should focus on the construction
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of multi-bedroom housing units that will suit the needs of migrant families.

- Comprehensive assessment of current numbers of migrant agricultural workers is needed in Minnesota.

- Loan and grant information must be made available to migrants and to farmers, growers and harvesters.

- Owners, growers and employers of migrant laborers could help offset the cost of housing.

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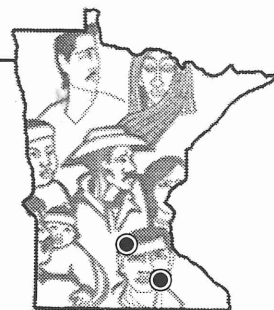
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# Migrant Schooling

## Challenging Barriers to Teaching and the Lack of Spanish-Language Resources

by Susan Herdina and Amanda Tallen

**S**usan Herdina: My position in the Migrant Education Program as a teaching assistant, did not formally require any teaching experience or qualifications other than being 18 years old and having a high school diploma. The responsibilities of an assistant varied depending upon which head teacher s/he worked with. In the classroom, I had considerable independence and could make suggestions about how I thought the class could be taught more effectively. For example, when I saw the eight or nine Spanish-speaking children losing interest in the traditional reading class, I suggested taking them outside to read with them in Spanish and doing associated projects in Spanish. In this way, I believed students could improve their reading comprehension abilities. This worked very well and the students enjoyed the freedom of being able to speak in their native language. It also allowed them to write in Spanish and learn correct grammar and punctuation. Most of them had not previously received such instruction since they had gone to English-speaking schools in Texas.

I was expected to participate in every part of classroom activities and to contribute to the teaching of all class subjects, including reading, math, English, spelling, social studies and science. Students received instruction in art and physical education from other teachers. Much of my time was spent translating for the students who did not understand the teacher and helping them understand worksheets written only in English. Without help in translating, the Spanish-speaking students would have had to rely on the other students for help, or forego understanding the material.

The situation raises many questions about the goals of the migrant school. Are the schools simply there to keep children out of the camps for a portion of the summer, or do they exist so that students maintain a level of learning similar to their peers who do not change schools every spring and fall?

### RECOMMENDATIONS

- There should be greater recruiting of Latino, Spanish-speaking teaching assistants with a migrant background so that students are able to communicate more effectively with the staff. Incentives to help migrants become teacher and teacher assistant qualified should also be created.

There was one Latina assistant working at the Owatonna site and her knowledge and skills with the children were invaluable to the staff as well as to the students. In order to expand upon this type of hiring, a recruiting system could be set up on a yearly basis, and the hiring procedure could follow the migrant pattern. If the hiring were done the Fall before the families return to Texas, the positions would be filled when the families return in the Spring. Ideally, migrants would eventually fill the positions of certified teachers.

Additionally, more information should be made available to the current teachers about migrant cultures.

- More Spanish-language resources should be available for students including books, tapes, and games.

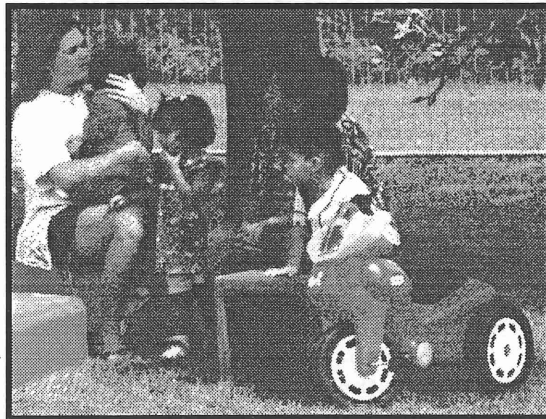
The Owatonna Migrant School took the kids to the local library to check out books and to listen to different speakers and storytellers throughout the summer. All the speakers spoke in English, which excluded many of the students from fully enjoying the activities. Also, there were fewer than ten Spanish books in the children's section of the library. With a large, recurring Spanish-speaking population, the number of books for Spanish-speaking audiences should be much larger. To change these situations staff, students and the larger community need to understand the importance of maintaining the Spanish language.

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*Susan Herdina was the teaching assistant at the Owatonna Migrant School in Level 3, with fifth and sixth grade students. Amanda Tallen was a teacher aide in the toddler program at a Migrant Head Start center in Glencoe, Minnesota.*

*Amanda Tallen:*

At the Migrant Head Start center in Glencoe, there were four classrooms: Infant, Toddler I, Toddler II, and Preschool. I worked in the Toddler II room with fourteen children, one of whom spoke English. There were two teachers who were Anglo and spoke only English and four



*U-MP interns at Migrant Head Start*

teacher assistants. Of the assistants, three were bilingual Mexican-Americans of migrant backgrounds. The school had twenty-two employees, sixteen who were Anglos and six who were Latinos. In management and administrative positions no migrants or fluent Spanish-speakers were employed. All head teachers were Anglo and only one spoke Spanish.

The most obvious effect that a lack of bilingual/Latino teachers has on children is that it impedes their ability to communicate. Teachers can not teach effectively when they must rely on a third person to translate. If a child has a stomachache, the teacher may not understand. If a child is crying the teacher may not understand why.

A Latina teacher assistant once asked the teachers why they had not taken Spanish classes to enable them to communicate better with the children. Responses varied from "I don't have the time or the money" to "it's not worth it because I would have to study forever before I would be fluent in Spanish, especially Tex-Mex."

There are many incentives with which to encourage Latinos to become teachers. The pay and the hours are good and people in the position are generally well respected within the community. There are many barriers, however, especially for migrants. A co-worker pointed out to me, "There a lot of bilingual Hispanics in this country with a good education and job. It's the people that don't have good education that are migrating. If they had good education they wouldn't be migrating."

A new program, however, is in the pro-

cess of being created to help with continuing education. It is still being designed and not all the information is available yet. In general, information is being gathered from different colleges, including community and technical colleges, to create a career counseling program. The supervisor of the Glencoe site explained her hope that in the future, when some of the teacher aides and/or assistants show interest in taking classes, they will be able to provide them with the proper information, point them in the right direction and possibly offer financial assistance.

Through this new program, Migrant Head Start will receive a certain amount of money, fifty percent of which will be allocated for improving teacher aides' qualifications so they may legally be qualified to take these positions. The other fifty percent of the money will go to improving the qualifications of potential teachers. For example, they may provide funding for some non-bilingual staff to take Spanish or English classes. They are also in the process of establishing a new hierarchy of pay with higher salaries for bilingual staff at every level of employment.

If this program is enacted, Migrant Head Start hopes to finance a class for approximately 200 of its employees. The Glencoe Head Start supervisor is enthusiastic about the program and hopes that it will allow them to more effectively encourage staff to continue their education.

Presently, there are many aspects of the Migrant Head Start program in need of improvement. On the other hand, it is extremely encouraging to know that in some areas problems have been recognized and are being addressed.

## RECOMMENDATIONS

- Information about adult education through schools and colleges should be kept on file at Head Start as planned. However, it should be the supervisor's responsibility to ensure that the information is dispersed and that employees know where further information is located. Supervisors should not wait for staff to ask. Rather, they should make these options known at the onset of the program.

- Bilingual teachers should be paid a higher salary than non-bilingual teachers. This would add a much needed incentive for the non-bilingual teachers to learn Spanish, thereby improving their ability to communicate with their students. Simultaneously, it would increase the incentive for those teacher assistants and aides who are already bilingual to earn the college credits that will enable them to advance within the organization.

# TOPICS IN CHICANO STUDIES 5920

## THE MIGRANT EXPERIENCE IN MINNESOTA

Sponsoring Professor: Dennis Valdes  
Teaching Assistant: Lisa Sass Zaragoza

### COURSE DESCRIPTION

This class seeks to enhance students' understanding of the experiences of the migrant and seasonal farmworker, particularly here in Minnesota. We will explore the topic from different perspectives and fields of study including history and sociology, public policy, law, employment, public health and education. In the process, we will examine individual and societal responsibilities and one's role as an agent of social change. Pre-professional and graduate students will be encouraged to further delve into the topic in relation to their particular area of study. This course is a pre-requisite for students who wish to participate as interns in the U-Migrant Project during the summer of 1995, but is not restricted only to those interested in the summer component. Undergraduate students will receive 4 credits and graduate students will receive 3 credits for completing the course requirements.

### CLASS OBJECTIVES

- 1) To gain a greater understanding of the life situations and realities of migrant and seasonal farmworkers in the United States, particularly focusing on those who work in Minnesota.
- 2) To develop participatory and/or field research skill as they pertain to the migrant community.
- 3) To gain a greater understanding of strategies and policies implemented by agencies and organizations serving the migrant community.
- 4) To understand the interplay of race, class and gender as they pertain to social and economic discrimination and marginalization, particularly in Minnesota.
- 5) To gain a greater understanding of one's role as an agent of social change.

### CLASS SCHEDULE AND ASSIGNMENTS

#### I. History and Sociology (March 28-April 6)

Week 1:	Tues 3/28	Introduction to class and U-Migrant Project Historical perspective, Prof. Dennis Valdes
Week 2:	Thurs 3/30 Tues 4/4 Thurs 4/6	Historical perspective continued, Terminology defined Sociological framework, Prof. Menanteau, Rural sociology Sociological perspective continued, Guest Speakers

#### II. Public Policy and Law (April 11-April 20)

Week 3:	Tues 4/11 Thurs 4/13	Public policy, Prof. Meyers (Hubert H. Humphrey Center) Economics and agribusiness, Small group projects
Week 4:	Tues 4/18 Thurs 4/20	Legal perspective, Bob Lyman, Migrant Legal Service Legal rights and responsibilities, Immigration

#### III. Employment and Labor Issues (April 25-May 7)

Week 5:	Tues 4/25	3 Perspectives on Labor: farm owner, migrant and Midwest Farmworker Employment and Training
Week 6:	Thurs 4/27 Tues 5/2 Wed 5/3 Thurs 5/5	Nature of farm and stoop labor Labor organizing, Prepare for Maria Elena Lucas Speaker: Maria Elena Lucas, 7 pm Labor organizing—Maria Elena Lucas

#### IV. Public Health and Housing (May 9-May 18)

Week 7:	Tues 5/9	Health Issues—Migrant Health, Moorhead and the Battered Women's Program of Migrant Health, Inc. Crookston (Teleconference)
Week 8:	Thurs 5/11 Tues 5/16 Thurs 5/18	Health Issues continued: pesticide use—"No Grapes" (film) Housing: Apartment owners, All Parks Alliance Small Group Presentations: Legislative/Govt and Comm. groups

#### V. Education (May 23-June 1)

Week 9:	Tues 5/23 Thurs 5/25	Early Childhood Education, Wayne Kuklinski, Migrant Head Start K-12 Goals and Challenges, Minnesota Department of Education
Week 10:	(May 30) Thurs 6/1	Small Group Presentations: University of MN and Bailey Tree Nurseries groups Supporting Healthy Community Development



## REQUIRED READINGS

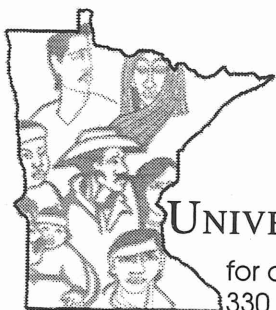
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- Bartlett, K & Vargas, F. "Literacy education for adult migrant farmworkers." *Eric Digest: National Clearinghouse on Literacy Education*. Sept 1991.
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- Crutchfield, L & Vangelova, L. "Can companies care?" *Who Cares Summer*, (1994). 28-31
- Cunningham, S. "Farmworkers in the '90s: Where Do We Stand?" *Food First Action Alert*. Institute for Food and Development Policy. Fall (1994).
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- Martin, P. *Harvest of Confusion*. Chs 1, 2, 6 & pp. 65-71 Westview Press, Boulder (1988).
- Naismith, R. "Library service to migrant farm workers." *Library Journal*. March 1989 52-54.
- O'Brian, M. "Reaching the migrant worker." *American Journal of Nursing*. June. 1983 895-897.
- Project at the Center for Documentation Studies at Duke University. *Needs of Migrant Children*.
- Sprung, C. "Let's Not Make a Deal." *The Forum*. Sunday, Feb. 19, 1995, E6.
- Student Action with Farmworkers. *What Are the Difficulties Faced by Farmworkers?*
- Tomson, E. "Field and Dream." *Saint Paul Pioneer Press*. Sunday, July 31, 1994 G17.
- Tougas, J. "Life in a small town." *The Free Press*. Wed., Jan. 6. 6-7 1993.

## SUMMER INTERNSHIP COMPONENT

For those students selected for the summer internship component, we will be meeting individually to conceptualize the academic projects and internship expectations, and to assist in the logistics of securing funds, housing, credit arrangement and other details. Mark and Lisa will be available after class. We are particularly targeting Thursdays as the best day for questions and for making arrangements. By and large, class time will not be used to discuss work on summer internship details.

Additionally, as a group we will meet in the spring quarter and will all participate in a required day long retreat in late May or early June before placement with host agencies. Through readings, journal writing and group seminars/discussions, we will explore concepts of privilege, elitism and service learning/field studies. We will engage in cross cultural communication, culture-specific training and personal adjustment training. We feel the skills component will assist students to live and work in new situations in a respectful and responsible manner.

*This class is being offered with the support and assistance of the Office for Special Learning Opportunities (OSLO). Curriculum development is funded by a grant from Bush Faculty Development Program on Excellence and Diversity in Teaching.*



## UNIVERSITY-MIGRANT PROJECT

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